



## ***Kansas Propane Safety and Licensing***

### **Class 5 – Recreational Vehicles or Mobile Fuel Containers License \$50 Per Location**

Permits the holder to fuel recreational vehicles or mobile fuel containers

Full Company Name: (include DBA)			
Business Street Address: Street/City/State/Zip			
Business Mailing Address: (if different from above)			
Business Telephone:	(     )	Federal ID Number:	

*Provide information for the primary contact person for the license:*

Name (Last, First)		Title	
Office Phone	Cell Phone	Home Phone	Fax Number

I have \_\_\_\_ years experience with LP Gas systems.

Do you install mobile LP Gas systems? Yes ☐ No ☐

If you answered YES to the above question, please furnish a list of your installers: (use back if more space needed)

Name	LP Gas License No.	Mechanical License No.	Expiration Date

If you answered YES to the above question, you are required to meet State of Kansas liability insurance requirements.

Insurance Company Name:			
Policy Number		Expiration Date:	

***A license will not be issued unless all above questions are answered.***

DO NOT WRITE IN SPACE BELOW							
License No.		Expiration Date:		Date Issued:		Processed by:	

Read and initial the following:

	I have read the Kansas statutes and rules that regulate this license and will abide by them.
	I understand that this license does not allow the holder to install or service LP Gas alternative fuel systems (carburetion systems).
	I agree to furnish the Kansas State Fire Marshal's Office all reports as required in the Kansas Statutes Annotated and familiarize myself/ourselves with the rules and regulations of the state of Kansas.
	I understand that this license does not allow installations of the LP gas equipment and appliances, nor does it allow handling of DOT bottles or tanks.
	All installations shall be made by a Class 8 license holder after the completion of training approved by the Kansas State Fire Marshal's Office.
	I agree that any change in ownership or change in name will be reported to the Kansas State Fire Marshal's Office immediately.

I certify that this information is true and correct. Any false or fraudulent statement or failure to comply with the rules and regulations promulgated by the Kansas State Fire Marshal or K.S.A. \_\_\_\_\_ shall be cause for suspension or revocation of the license held.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail to:** Kansas State Fire Marshal's Office  
700 SW Jackson St, Suite 600  
Topeka KS 66603-3714

Phone: (785) 296-3401  
Fax: (785) 296-0151

*Include check payable to: Kansas State Fire Marshal's Office*

(Note: This app needs to include training requirement verification.)